



APPLICATION FOR EMPLOYMENT

Please complete all information on this application. Incomplete applications may not be considered. This application must be signed and dated. All applications will be kept on file with the Human Resource department for one year. Please print.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes  No  
(proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years?  Yes  No  
(If no, you may be required to provide authorization to work.)

Position applied for: \_\_\_\_\_

Do you have any relative or friends who work for A.L. Hansen Mfg.?  Yes  No  
If yes, who and where do they work?

\_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, please give approximate dates: \_\_\_\_\_

**Education Background:**

	Name and Location of School	Course of Study	No. of years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Previous Employment Experience:**

List the most recent employer first:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employed from \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What did this company manufacture/produce? \_\_\_\_\_

Describe work performed: \_\_\_\_\_

What type of machines/equipment did you operate? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employed from \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What did this company manufacture/produce? \_\_\_\_\_

Describe work performed: \_\_\_\_\_

What type of machines/equipment did you operate? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employed from \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What did this company manufacture/produce? \_\_\_\_\_

Describe work performed: \_\_\_\_\_

What type of machines/equipment did you operate? \_\_\_\_\_



**References:**

Please provide name, phone number and how you know this person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ No of years acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ No of years acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ No of years acquainted? \_\_\_\_\_

A.L. Hansen is a drug-free work place. All offers of employment are contingent upon passing a drug test. Your signature below authorizes the results of all drug tests, pre-employment and post employment, to be released to A.L. Hansen and any agents of A.L Hansen.

I understand that nothing contained in the employment application or in the granting of an interview is intended to create a contract between A.L. Hansen and myself for either employment or the provision of benefits; and further understand that if an employment relationship is subsequently established, I will have the right to terminate my employment at any time and A.L. Hansen will have a similar right.

I hereby certify that the facts set forth in the above employment application is true and complete to the best of my knowledge and authorize A.L. Hansen to verify its accuracy and to obtain reference information on my work performance.

In compliance with federal and state equal opportunity laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital status or veteran status.

Are you a Vietnam Era Veteran? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_